



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

01/18/2013

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYD982736506

INSTALLATION NAME: RIVA PRECISION MANUFACTURING

INSTALLATION ADDRESS : 140 58TH ST - UNIT 8B
BROOKLYN, NY 11220

MAILING ADDRESS : 140 58TH ST - UNIT 8B
BROOKLYN, NY 11220

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: RIVA PRECISION MANUFACTURING
or Current Occupant**
**ATTN: JOHN BADEE
140 58TH ST - UNIT 8B
BROOKLYN, NY 11220**

**SEND
COMPLETED
FORM TO:**
The Appropriate
State or Regional
Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

ENVIRONMENTAL PROTECTION
AGENCY REGION II
JAN 19 PM 3:18
RCRA PROGRAMS
BRANCH



1. Reason for Submittal

MARK ALL
BOX(ES) THAT
APPLY

Reason for Submittal:

- ☒ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☐ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number **NYD982736506**

3. Site Name

Name: **RIVA Precision Manufacturing**

4. Site Location Information

Street Address: **140 58th street unit 8B**
City, Town, or Village: **Brooklyn** County: _____
State: **New York** Country: **USA** Zip Code: **11220**

5. Site Land Type

☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☒ State ☐ Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A. _____ C. _____
B. _____ D. _____

7. Site Mailing Address

Street or P.O. Box: **140 58th street unit 8B**
City, Town, or Village: **Brooklyn 1**
State: **NY** Country: **USA** Zip Code: **11220**

8. Site Contact Person

First Name: **John** MI: _____ Last: **Badee**
Title: **Director of Maintenance**
Street or P.O. Box: **140 58th street unit 8B**
City, Town or Village: **Brooklyn**
State: **NY** Country: **USA** Zip Code: **11220**
Email: **jbadee@RivaJewelry.com**
Phone: **347-535-2299** Ext.: _____ Fax: **718-361-0665**

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: **RIZKALIAH Doudak** Date Became Owner: **1997**
Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other
Street or P.O. Box: **243 80 St.**
City, Town, or Village: **Brooklyn** Phone: **917-337-2638**
State: **NY** Country: **USA** Zip Code: **11209**
B. Name of Site's Operator: **RIZKALIAH Doudak** Date Became Operator: **1997**
Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Rec 12/20/12 Provided ID# (S)

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste permit is required for these activities.Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter**
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:
- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste	Cyanide Waste
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A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible]

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

[illegible]

EPA ID Number

OMB#: 2050-0024; Expires 11/30/2011

12. Notification of Hazardous Secondary Material (HSM) ActivityY ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
John Badee	Director of Maintenance	11/30/2012

RCRA Site Detail

Report run on: December 20, 2012 - 10:57 AM

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*** WARNING *** Sensitive information may be displayed on this report. *** WARNING ***

OFFICE FURNITURE SERVICES

NYD982736506

EPA Region:02 Extract:Y County:KINGS

State District: NYSDEC R2

Universes	Federal Generator:	N	Transporter:	N	Operating TSDF:	-----	Active:	N
	State Generator:	X	Importer:	N	Commercial:	N	EI Indicator (HE / GW):	N / N
	Short Term Generator:	N	Mixed Waste Generator:	N	HSM:	N	IC In Place:	N
	Subpart K/College:	N	Subpart K/Hospital:	N	Subpart K/Non-profit:	N	Subpart K/Withdrawal:	N

Latitude/Longitude Measure - Owner: 02	Seq #: 1
Geometric Type Code: 001	Horizontal Collection Method: 001
Horizontal Accuracy Measure: 10	Horizontal Reference Datum: 002
Coordinates: 40.645349, -74.022936	Reference Point Code:
	Source Map Scale Numbers:

Receive Date: 01/01/2007 Source Type: Implementer Seq. Number: 2

Location 140 58TH ST
Address: 3B BROOKLYN ARMY TERMINAL
 BROOKLYN, NY 11220

Mailing PO BOX 11
Address: BROOKLYN, NY 11220
 UNITED STATES

Contact Person JAY JIBODH
 For Source (718) 567-7400
 Information PO BOX 11
 BROOKLYN, NY 11220
 UNITED STATES

Owner (current)	140 58TH ST	Type: Private
BROOKLYN ARMY TERMINAL	BROOKLYN, NY 11220	Phone: (212) 555-1212
From: To:	BROOKLYN	

Operator (current)	140 58TH ST	Type: Private
BROOKLYN ARMY TERMINAL	BROOKLYN, NY 11220	Phone: (212) 555-1212
From: To:	BROOKLYN	

Land Type: Bad code - Non Notifier: No TSD Date: Accessibility:

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: NY-X Replaces a Null value not allowed to reload via CDX.

Other Hazardous Waste Generator Activities

Short Term Generator:	No
Importer Activity:	No
Mixed Waste Generator:	No
Transporter Activity:	No
Transfer Facility:	No
TSD Activity:	No
Recycler Activity:	No
Off-Site Receipt:	No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption:	No
Smelting, Melting, Refining Furnace Exemption:	No

Underground Injection Control: No

Destination Facility for Universal Waste: No

Used Oil Activities

Used Oil Transporter Activity	Off-Specification Used Oil Burner:	No
Transporter:	Used Oil Fuel Marketer Activity	
Transfer Facility:	Marketer who directs shipment off-specification used oil to off-specification used oil burner:	No
Used Oil Processor and/or Re-refiner Activity	Marketer who first claims the used oil meets the specifications:	No
Processor:		
Refiner:		

Subpart K

College/University:	No	Non-profit Research Institute:	No
Teaching Hospital:	No	Withdrawal:	No

RCRA Site Detail

Report run on: December 20, 2012 - 10:57 AM

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*** WARNING *** Sensitive information may be displayed on this report. *** WARNING ***

Receive Date: 01/01/2006	Source Type: Implementer	Seq. Number: 1
Location 140 58TH ST Address: 3B BROOKLYN ARMY TERMINAL BROOKLYN, NY 11220	Mailing PO BOX 11 Address: BROOKLYN, NY 11220 UNITED STATES	

Contact Person JAY JIBODH PO BOX 11
For Source (718) 567-7400 BROOKLYN, NY 11220
Information UNITED STATES

Land Type: Bad code - Non Notifier: No TSD Date: Accessibility:

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: NY-X Replaces a Null value not allowed to reload via CDX.

Other Hazardous Waste Generator Activities

Short Term Generator:	No
Importer Activity:	No
Mixed Waste Generator:	No
Transporter Activity:	No
Transfer Facility:	No
TSD Activity:	No
Recycler Activity:	No
Off-Site Receipt:	No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption:	No
Smelting, Melting, Refining Furnace Exemption:	No
Underground Injection Control:	No
Destination Facility for Universal Waste:	No

Used Oil Activities

Used Oil Transporter Activity	Off-Specification Used Oil Burner:	No
Transporter:	No	
Transfer Facility:	No	
Used Oil Processor and/or Re-refiner Activity	Used Oil Fuel Marketer Activity	
Processor:	Marketer who directs shipment off-specification used oil to off-specification used oil burner:	No
Refiner:	Marketer who first claims the used oil meets the specifications:	No

Subpart K

College/University:	No	Non-profit Research Institute:	No
Teaching Hospital:	No	Withdrawal:	No

RCRA Site Detail

Report run on: December 20, 2012 - 10:57 AM

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*** WARNING *** Sensitive information may be displayed on this report. *** WARNING ***

Receive Date: 08/06/1997	Source Type: Notification	Seq. Number: 1
Location 140 58TH ST Address: 3B BROOKLYN ARMY TERMINAL BROOKLYN, NY 11220		Mailing PO BOX 11 Address: BROOKLYN, NY 11220

Contact Person JAY JIBODH PO BOX 11
 For Source (718) 567-7400 BROOKLYN, NY 11220
 Information UNITED STATES

Owner (current) 140 58TH ST Type: Private
 BROOKLYN ARMY TERMINAL BROOKLYN, NY 11220
 From: To: Phone: (212) 555-1212

Land Type: Bad code - Non Notifier: No TSD Date: Accessibility:

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Small Quantity Generator; State:

Other Hazardous Waste Generator Activities

Short Term Generator: No
 Importer Activity: No
 Mixed Waste Generator: No
 Transporter Activity: No
 Transfer Facility: No
 TSD Activity: No
 Recycler Activity: No
 Off-Site Receipt: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: No
 Smelting, Melting, Refining Furnace
 Exemption: No

Underground Injection Control: No

Destination Facility for Universal Waste: No

Used Oil Activities

Used Oil Transporter Activity	Off-Specification Used Oil Burner:	No
Transporter: No	Used Oil Fuel Marketer Activity	
Transfer Facility: No	Marketer who directs shipment off-specification used oil to off-specification used oil burner:	No
Used Oil Processor and/or Re-refiner Activity	Marketer who first claims the used oil meets the specifications:	No
Processor: No		
Refiner: No		

Subpart K

College/University: No	Non-profit Research Institute: No
Teaching Hospital: No	Withdrawal: No

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: D000 D001 F002

* End of Report *



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/25/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NYD982736506
FACILITY NAME ->	OFFICE FURNITURE SERVICES
MAILING ADDRESS ->	PO BOX 11 BROOKLYN, NY 11220
INSTALLATION ADDRESS ->	140 58TH ST 3B BROOKLYN ARMY TERMINAL BROOKLYN, NY 11220

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: JIBODH, JAY
EXPEDITER
OFFICE FURNITURE SERVICES
PO BOX 11
BROOKLYN, NY 11220

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

97-08-06

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. Initial Notification☐ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NYD982736506

II. Name of Installation (Include company and specific site name)

OFFICE FURNITURE SVCS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

140 58th STREET 3B

Street (Continued)

3B BROOKLYN ARMY TERMINAL

City or Town

BROOKLYN

State

Zip Code

NY

11220-

County Code

County Name

047

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

BOX 011

City or Town

BROOKLYN

State

Zip Code

NY

11220-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

JIBODH

(First)

JAY

Job Title

EXPEDITER

Phone Number (Area Code and Number)

718-567-7400

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

BOX 11

City or Town

BROOKLYN

State

Zip Code

NY

11220-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

BROOKLYN ARMY TERMINAL

Street, P.O. Box, or Route Number

140 58th STREET

City or Town

BROOKLYN

State

Zip Code

NY

11220-

Phone Number (Area Code and Number)

- -

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Yes

No

Month

Day

Year

tenants on the 3rd floor per Jay 8/12/97 10:20 AM
Call
they are the only
USPO EXP

ash

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- a. Transporter
- b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1.	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)



Expediter

Date Signed

8/5/97

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+
NYD982736506

INSTALLATION ADDRESS

E.B. DESIGNS LTD
140 58TH STREET SUITE 3B
BROOKLYN NY 11220

140 58TH STREET SUITE 3B
BROOKLYN NY 11220



Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

EB DESIGNS LTD Site 3B

Street or P.O. Box

C	140 58th STREET																		
3																State		ZIP Code	
C	Brooklyn															NY		11220	
4																			

Street or Route Number

[illegible]

Name and Title (last, first, and job title)

C	2	MICHAEL	ROCKMORE	718	349	3434
---	---	---------	----------	-----	-----	------

A. Name of Installation's Legal Owner

[illegible]

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es))*

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

C																		T/A	C
W																			1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
1000	F002				
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☒ 4. Toxic
(D000)
XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Michael M. Rockmore	Date Signed 4-26-89
--	--	------------------------

PLANT MANAGER

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 8, 2015 - 10:11 AM

Version 5.0

User Selection Criteria

Location:	New York, all activities	Activity Location:	None Chosen
Handler ID:	NYD982736506	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 06/08/2015		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages:5 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name: cme_foia.rdf
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed: June 2006
Last Updated: May 2012
Contact: rcrainfo.help@epa.gov
Tables Used: cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries: none

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RIVA PRECISION MANUFACTURING

County Name / Code: KINGS / NY047

NYD982736506

Location: 140 58TH ST - UNIT 8B; BROOKLYN, NY 11220

REGION 02

Mailing: 140 58TH ST - UNIT 8B; BROOKLYN, NY 11220

Activity Location: NY	State District: NYSDEC R2	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: Y
Generator: CEG	Transporter: N	Operating TSDF: -----	IC In Place: N	El Indicator (HE / GW): N / N	
Short-Term Gen: N	Transfer Facility: N	Offsite Receiver: N	HSM: N	Subpart K: -----	
Full Enforcement: -----	Converter: -----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrkld: N	State TSDF: -----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

Violation: Activity Location: NY	Type: 261.A	Determined Date: 06/19/2007	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:		Actual Compliance Date: 01/22/2008	RTC Qualifier: DOCUMENTED	Sequence Number: 1
Citation Information: Seq #	Type	Citation		
1	STATE REGULATION	371.1(f)(7)(i)		
CEI Evaluation 06/19/2007	Activity Location: NY	By: State	Identifier: 001	Person: NYFBR
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R2
			Day Zero: 06/19/2007	Found Violation: YES
				Focus Area:
Enforcement: Activity Location: NY	Type: 120	Action Date: 08/24/2007	Identifier: 001	
Docket:	Agency: State	Responsible Person: NYFBR	Branch: R2	
CA Component: N	Disposition Status: AS 01/22/08	Appeal Initiated:	Appeal Resolved:	

Violation: Activity Location: NY	Type: 261.A	Determined Date: 06/19/2007	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:		Actual Compliance Date: 01/22/2008	RTC Qualifier: DOCUMENTED	Sequence Number: 2
Citation Information: Seq #	Type	Citation		
2	STATE REGULATION	371.1(f)(7)(ii)		
CEI Evaluation 06/19/2007	Activity Location: NY	By: State	Identifier: 001	Person: NYFBR
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R2
			Day Zero: 06/19/2007	Found Violation: YES
				Focus Area:
Enforcement: Activity Location: NY	Type: 120	Action Date: 08/24/2007	Identifier: 001	
Docket:	Agency: State	Responsible Person: NYFBR	Branch: R2	
CA Component: N	Disposition Status: AS 01/22/08	Appeal Initiated:	Appeal Resolved:	

Violation: Activity Location: NY	Type: 261.A	Determined Date: 06/19/2007	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:		Actual Compliance Date: 01/22/2008	RTC Qualifier: DOCUMENTED	Sequence Number: 3
Citation Information: Seq #	Type	Citation		
3	STATE REGULATION	371.1(f)(7)(iii)		
CEI Evaluation 06/19/2007	Activity Location: NY	By: State	Identifier: 001	Person: NYFBR
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R2
			Day Zero: 06/19/2007	Found Violation: YES
				Focus Area:
Enforcement: Activity Location: NY	Type: 120	Action Date: 08/24/2007	Identifier: 001	
Docket:	Agency: State	Responsible Person: NYFBR	Branch: R2	
CA Component: N	Disposition Status: AS 01/22/08	Appeal Initiated:	Appeal Resolved:	

* Note: Penalty amount may not reflect all violations cited.

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RIVA PRECISION MANUFACTURING, NYD982736506, BROOKLYN, NY, continued -

Violation:	Activity Location: NY	Type: 261.A	Determined Date: 06/19/2007	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 01/22/2008	RTC Qualifier: DOCUMENTED	Sequence Number: 4
Citation Information:	Seq #	Type	Citation		
	4	STATE REGULATION	371.1(f)(7)(iv)		
CEI Evaluation	06/19/2007	Activity Location: NY	By: State	Identifier: 001	Person: NYFBR
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R2
				Day Zero: 06/19/2007	Found Violation: YES
					Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 08/24/2007	Identifier: 001	
	Docket:	Agency: State	Responsible Person: NYFBR	Branch: R2	
	CA Component: N	Disposition Status: AS 01/22/08	Appeal Initiated:	Appeal Resolved:	
Evaluations With No Violations:					
CEI Evaluation	09/19/2014	Activity Location: NY	By: EPA	Identifier: 001	Person: R2STP
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: RCB
				Day Zero: 09/19/2014	Found Violation: U
					Focus Area:
CEI Evaluation	11/05/1998	Activity Location: NY	By: EPA	Identifier: 000	Person: R2MD
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: RCB
				Day Zero:	Found Violation: NO
					Focus Area:

Total Number of Handlers: 1

Total Number of Activity Locations: 1

* End of Report *

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Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

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Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):

Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:

Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Violation Type	Description
261.A	LISTING - GENERAL

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL

* Note: Penalty amount may not reflect all violations cited.

